



V. LOUISIANA STATE HEALTH CARE SYSTEM



A. ANALYSIS OF HEALTH CARE IN LOUISIANA

A 1998 national report by ReliaStar Financial, formerly Northwestern National Life, shows Louisiana near the bottom of the list of healthiest states. Louisiana tied with Arkansas for 48th this year, similar to its ranking at 49th last year. The report is based on 17 criteria, including disease rate, access to health care, occupational safety and disability, crime rate, motor vehicle death rate, and other mortality rates and data from 1997. Louisiana's ranking as one of the most unhealthy states stems from its high violent crime rate, high unemployment, poor access to primary care, high number of limited activity days, high rate of heart disease, high total mortality and high premature death. Louisiana ranks in the bottom 10 on 10 of the 17 measures. Support for public health care has risen from 35 to 12 percent below the national average, but still lags behind other states. According to the report, since 1990 Louisiana has failed to match improvements seen in other states in prevalence of smoking, and has seen an increased risk of heart disease.

A major explanation for Louisiana's poor health status is the lack of access to routine and preventive health care. In *Health Care State Rankings 1998*¹, Louisiana ranked 49th, second worst in the nation in health indicators. According to this report, Louisiana ranked first in the nation in death rate by diabetes (34.4 deaths per 100,000) and percent of births by cesarean section (27.2% of live births). Louisiana's performance related to prenatal care is dismal, with Louisiana being second in the percentage of low birth weight babies (9.8% of live births), having the second highest neonatal death rate (6.5 neonatal deaths per 1,000 live births) and fourth in infant mortality rates (9.1 infant deaths per 1,000 live births). Louisiana ranks 16th for women receiving late or no prenatal care and 29th for African-American women receiving prenatal care in the first trimester. Similarly, Louisiana's breast cancer and cervical cancer rates for African-American women exceed the national rates. The rate for white women is generally below the national norm.

It should be noted that Louisiana's high rate of poverty (second highest in the nation at 22%) is also a contributing factor to poor health outcomes, despite increased public health expenditures. Public health expenditures are higher due to Louisiana's fifth place in rates of uninsured individuals (20.9% uninsured) and the concomitant dependence of these uninsured individuals on the public health system, which includes a statewide charity hospital system that is unique in the nation.

Accessibility and availability of primary care practitioners (family practice, general practice, internal medicine, pediatrics, and obstetrics/gynecology) also pose a significant problem in the delivery of health care in the state. *Health Care State Rankings 1998*¹ ranks Louisiana first in the nation for lack of access to primary care. As of January 1999, the BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE recognizes 76 primary care shortage areas in the state: 29 geographic areas, 20 population groups, 19 sub-areas, and 8 facilities. Of the 29 whole-parish designations, 27 are non-metropolitan parishes.

In lieu of a primary care physician, many people seek care at hospital emergency rooms. In 1996 Louisiana ranked 15th highest nationally in the number of emergency outpatient visits to community hospitals. There were 2,192,338 emergency outpatient visits to hospitals in Louisiana, as compared with the national average of 1,862,232 visits.

¹Morgan, K.O. and Morgan, S. (Eds.) 1998. *Health Care State Rankings 1998: Health Care in the 50 United States*. (6th Ed.) Lawrence, KS: Morgan Quitno Press.



In addition to confirming the shortage among physicians and nurses, other occupations identified as posing a general supply problem in the state include dentists (in *Health Care State Ranking 1998*, American Dental Association statistics report 44 dentists per 100,000 population in Louisiana in 1997 - lower than the national rate of 60), hygienists, physician assistants, pharmacists, nutritionists, audiologists, social workers, public health personnel, physical therapists, and medical technologists.

Louisiana has attempted to address the problems associated with health professional shortages over the years in many ways. State schools of medicine, nursing schools, and schools of allied health professions have been mandated to cooperate, in collaboration with the Louisiana Area Health Education Centers, to improve and expand programs for non-metropolitan and other health professional shortage areas. Hundreds of thousands of dollars of state funds have in the past been allocated to capture federal dollars for professional development initiatives, including scholarship programs for students who will return to health professional shortage areas, and loan repayment programs for medical professionals to practice in shortage areas in exchange for payment of professional education loans. However, during FY 97/98 only continuation funding has been appropriated to continue the contracts with the health care providers through the State Loan Repayment Program (SLRP). The SLRP is a program that provides federal dollars to match the state investment in recruitment and retention of health care providers to serve underserved people.

Louisiana **must continue** aggressively to attack the health professional shortage problem to meet the existing health needs of its residents. Lack of access to appropriate care in their communities is resulting in many ill persons having to become patients at state hospitals. However, these same individuals could best be served if there were more outpatient primary care facilities available and accessible in their own areas. Ensuring appropriate and adequate primary care facilities can take place only if there are available physicians, nurses, and other health care professional to staff the facilities, and state financing to support these providers.



B. LOUISIANA HEALTH CARE STATISTICS ²

<i>Percent of Population Represented by Medicaid Recipients in 1996 (3)</i>		
Alabama		12.74%
Arkansas		14.47%
Louisiana		17.92%
Mississippi		18.80%
Texas		13.47%
US		13.62%
<i>Percent of Population Lacking Access to Primary Care in 1996</i>		
Alabama		16.60%
Arkansas		12.50%
Louisiana		24.50%
Mississippi		23.20%
Texas		10.90%
US		10.10%
<i>Percent of Population Not Covered by Health Insurance in 1996</i>		
Alabama		12.90%
Arkansas		21.70%
Louisiana		20.90%
Mississippi		18.50%
Texas		24.30%
US		15.60%
<i>Number (Percent of Population) of Emergency Outpatient Visits to Hospitals in 1996</i>		
Alabama	2,057,139	(48.0%)*
Arkansas	1,023,926	(42.9%)
Louisiana	2,192,338	(50.5%)
Mississippi	1,397,406	(51.6%)
Texas	6,163,727	(32.3%)
US	93,111,592	(35.1%)
<i>Percent of Population Enrolled in Medicare - 1997</i>		
Alabama		15.29%
Arkansas		17.01%
Louisiana		13.57%
Mississippi		14.88%
Texas		11.08%
US		14.33%
Number of Health Maintenance Organizations (HMOs), LA 1995/1997 (4)	14/26	
Percent of Population Enrolled in HMOs, Louisiana 1997	14.70%	
Number of Preferred Provider Organizations (PPOs), Louisiana 1994/1995	30/26	
Percent of Population Enrolled in a PPO, Louisiana 1993/1994	15.5%/44.2%	
Number of Nurses, Louisiana 1997 (5)	39,354	
Number of Nurse Practitioners, Louisiana 1997 (6)	465	

(2) Morgan, K.O. Morgan, S. and Uhlig, M. (Eds.). 1998. Health Care State Rankings 1998: Health Care in the 50 United States. (5th Ed.) Lawrence, KS: Morgan Quitno Press.

(3) U.S. Department of Health and Human Services, Health Care Financing Administration.

*Percent of 1996 population represented by the number of Emergency Outpatients Visits. State Center for Health Statistics.

(4) Health Resources Management, Office of Public Health.

(5,6) Louisiana Board of Nursing



C. LOUISIANA HEALTH CARE ACCESS

Number of Hospitals and Beds Louisiana, 1997		
Type of Hospital	Hospitals	Beds
General	125	18,658
Long-Term	18	1,735
Rehabilitative	11	489
Acute Chemical Dependency Unit	1	40
Psychiatric	23	2,530
Chemical Dependency Unit	4	272

Source: Health Resource Management, Office of Public Health

Health Facilities Louisiana, 1997	
Type of Facility	Number
Alcohol/Drug Abuse Clinics	179
Community Health Clinics	22
Developmental Disability Clinics	19
Hospitals	182
Mental Health Clinics	89
Rural Health Clinics	69
Public Health Clinics	108

Source: Health Resource Management, Office of Public Health

Nursing Home Statistics Louisiana, 1997	
Number of Nursing Homes	303
Number of Beds	
Licensed Beds	40,367
Medicaid Enrollment Beds	36,870
Average Occupancy	82.90%

Source: Louisiana Board of Nursing

Lack of Access to Primary Care* Louisiana, Neighboring States, and United States, 1996		
State	Percent	Rank**
Alabama	16.6	5
Arkansas	12.5	15
Louisiana	24.5	1
Mississippi	23.2	2
Texas	10.9	22
United States	10.1	-

*Lack of Access to Primary Care measures the percent of population areas where the population is underserved by primary care practitioners residing in designated Health Manpower Shortage Areas.

**Rank reflects worst (lowest) to best (highest)

Source: Morgan, K.O. and Morgan, S. (Eds.). 1998. *Health Care State Rankings 1998: Health Care in the 50 United States*. (6th Ed.) Lawrence, KS: Morgan Quitno Press.



D. MEDICAID

Medicaid, or Title XIX of the Social Security Act, became law in 1965 as a jointly funded cooperative venture between the federal and state governments. Its purpose was to assist States in the provision of adequate medical care to eligible individuals and families with low incomes and resources. Within broad, federally provided national guidelines, Louisiana has autonomy in establishing its own eligibility standards; determining the type, amount, duration, and scope of services; setting the rate of payment for services; and administering its own program.

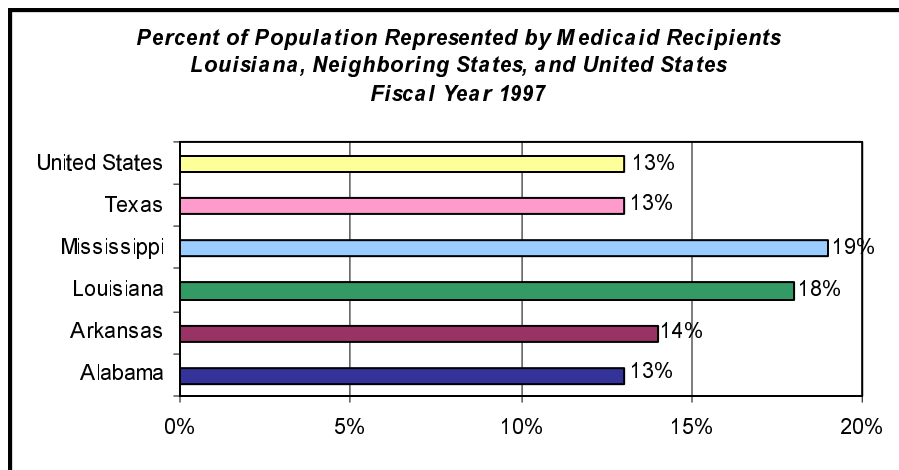
As the largest provider of medical and health-related services to America's poorest people, Medicaid includes funding for these basic health-care programs: inpatient and outpatient hospital services; laboratory and X-ray services; skilled nursing and home health services; doctors' services; family planning; and periodic health checkups, diagnosis, and treatment for children.

Medicaid recipients fall into several categories of eligibility: the aged, blind and disabled people on Supplemental Security Income, certain low-income pregnant women and children, and people who have very high medical bills. In fiscal year 1997, over 746,000 Louisianians benefited from services provided through Medicaid funding.

Number and Percent of Medicaid Recipients by Basis of Eligibility Louisiana, Neighboring States, and United States, Fiscal Year 1997						
State	Total Number of Recipients	Percent of Total Recipients				
		Age 65 and Older	Blind/ Disabled	Children	Adults	Other/ Unknown
Alabama	546,152	12.1	26.5	50.6	9.7	1.1
Arkansas	370,386	13.9	25.1	26.5	32.5	2.0
Louisiana	746,461	13.6	20.2	54.9	10.5	0.9
Mississippi	504,017	12.4	25.9	38.0	21.8	0.0
Texas	2,538,655	12.4	11.4	57.9	18.0	0.3
United States	33,578,980	11.8	18.3	45.5	20.2	4.3

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

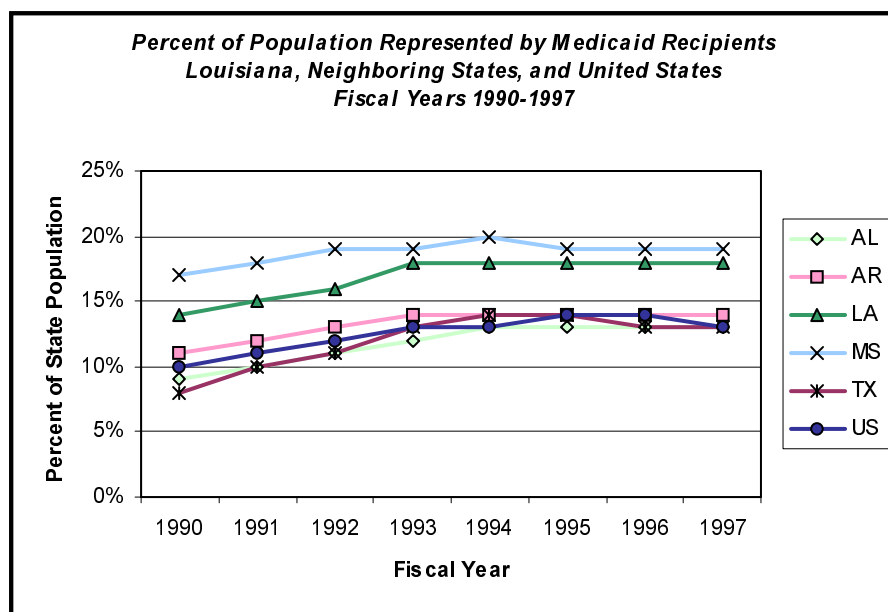
The total number of Medicaid recipients in Louisiana in fiscal year 1997 is the equivalent of 18% of the state's population, a figure approximately 5% higher than that seen in most other south-central states and in the nation as a whole.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for 1997



The percentage of Louisiana's population represented by Medicaid beneficiaries has been unchanged since 1993. Among the south-central states, only Mississippi has had a higher percentage of its population represented by Medicaid beneficiaries.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

Of Louisiana Medicaid medical care recipients in Fiscal Year 1997, 61.2% were female and 38.7% were male. These figures are similar to those seen in other south-central states. For the United States as a whole, 59.4% of recipients were female and 37.5% were male.

Number and Percent of Medicaid Recipients of Medical Care by Gender Louisiana, Neighboring States, and United States, Fiscal Year 1997				
State	Male		Female	
	Number	Percent*	Number	Percent*
Alabama	202,230	37.0	336,467	61.6
Arkansas	139,784	37.7	229,053	61.8
Louisiana	289,084	38.7	457,056	61.2
Mississippi	182,314	36.2	319,225	63.3
Texas	983,650	38.7	1,554,996	61.3
United States	12,585,799	37.5	19,954,454	59.4

*Percent of all Medicaid recipients in the state. Unknown gender not included in table.

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997.

Like Alabama and Mississippi, the majority of Medicaid beneficiaries who received medical care in Louisiana were African-American (59.8%). In Louisiana, 33.5% were white and 6.7% were of Other race/ethnic groups. The race/ethnic group differences seen among the south-central states, and between Louisiana and the nation as a whole, reflect state-level differences in race/ethnic populations.



Number and Percent of Medicaid Recipients of Medical Care by Race Louisiana, Neighboring States, and United States, Fiscal Year 1997						
State	White*		Black*		Other**	
	Number	Percent***	Number	Percent***	Number	Percent***
Alabama	242,516	44.4	275,231	50.4	28,405	5.2
Arkansas	221,553	59.8	126,060	34.0	22,773	6.1
Louisiana	250,193	33.5	446,611	59.8	49,657	6.7
Mississippi	157,375	31.2	314,143	62.3	32,499	6.4
Texas	713,214	28.1	503,281	19.8	1,322,160	52.1
United States	15,482,887	46.1	8,206,910	24.4	9,889,119	29.5

*Non-Hispanic

**Other includes Native American, Asian or Pacific Islander, Hispanic, and Unknown

***Percent of all Medicaid recipients in the state

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

The two tables below present the number and percent of total Medicaid medical care recipients divided into age groups. Over fifty percent of Medicaid medical care recipients in fiscal year 1997 were below 15 years of age, reflecting the importance placed on provision of health services to children. The age-group distribution of services in Louisiana was similar to that seen in surrounding states and in the nation as a whole.

Number of Medicaid Recipients of Medical Care by Age Group Louisiana, Neighboring States, and United States, Fiscal Year 1997										
State	Age Group									
	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85+	Unknown
Alabama	28,267	123,033	112,199	42,273	99,867	50,685	32,408	31,144	25,208	1,068
Arkansas	15,656	72,343	75,862	33,963	73,727	32,938	21,693	23,318	19,420	1,466
Louisiana	58,310	155,503	162,340	66,876	144,144	59,878	37,822	35,139	26,308	141
Mississippi	25,777	98,914	98,407	45,495	102,213	46,746	31,324	29,911	22,754	2,476
Texas	253,689	582,420	569,632	195,399	470,231	152,308	129,296	106,242	79,438	-
U.S.	1,652,312	5,970,685	6,730,558	3,055,641	7,649,478	2,931,437	1,740,439	1,560,181	1,271,034	1,017,151

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

Percent* of Medicaid Recipients of Medical Care by Age Group Louisiana, Neighboring States, and United States, Fiscal Year 1997										
State	Age Group									
	Under 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64	65 - 74	75 - 84	85+	Unknown
Alabama	5.2	22.5	20.5	7.7	18.3	9.3	5.9	5.7	4.6	0.2
Arkansas	4.2	19.5	20.5	9.2	19.9	8.9	5.9	6.3	5.2	0.4
Louisiana	7.8	20.8	21.7	9.0	19.3	8.0	5.1	4.7	3.5	0.0
Mississippi	5.1	19.6	19.5	9.0	20.3	9.3	6.2	5.9	4.5	0.5
Texas	10.0	22.9	22.4	7.7	18.5	6.0	5.1	4.2	3.1	-
United States	4.9	17.8	20.0	9.1	22.8	8.7	5.2	4.6	3.8	3.0

*Percent of all Medicaid recipients in the state

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

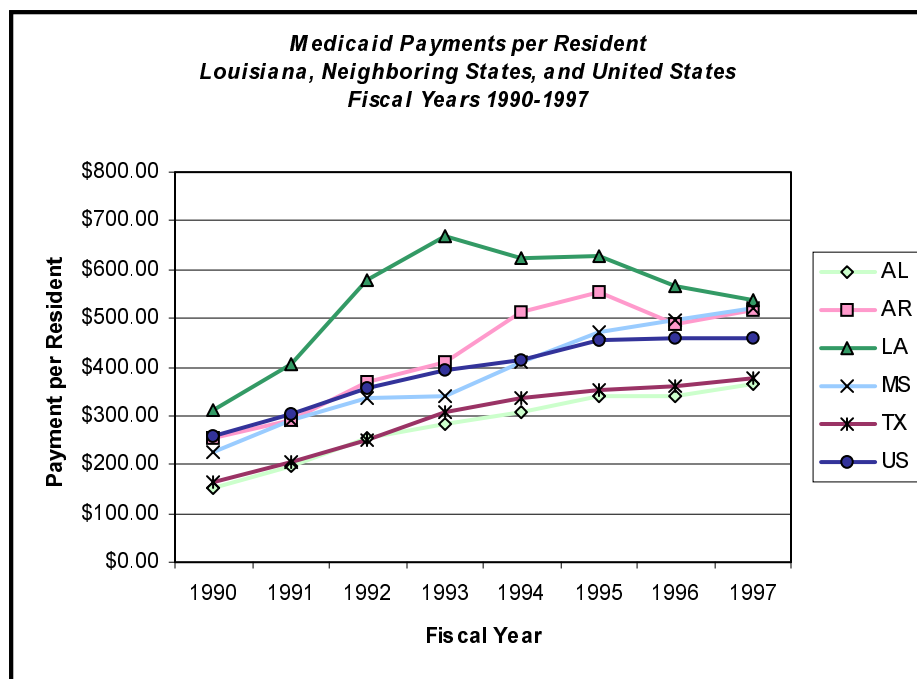


The total of payments made to Medicaid vendors for eligible recipients in Louisiana in fiscal year 1997 was over \$2.3 billion. More than seventy-two percent of Medicaid funding went to persons who were disabled or were age 65 or over, even though half of all eligible recipients are children.

Medicaid Vendor Payments by Basis of Eligibility of Recipient Louisiana and Neighboring States, Fiscal Year 1997						
State	Total Payment	Age 65 and Older	Blind/ Disabled	Children	Adults	Other
Alabama	\$1,571,203,728	548,910,910	592,039,034	191,018,520	76,474,024	162,761,240
Arkansas	\$1,301,593,755	411,703,399	634,129,978	132,652,261	151,649,485	28,541,368
Louisiana	\$2,336,007,497	639,954,860	1,056,601,823	496,257,971	134,136,473	9,056,369
Mississippi	\$1,424,219,167	404,813,812	632,848,889	228,602,554	148,821,589	9,132,323
Texas	\$7,345,173,561	2,211,459,449	2,442,379,145	1,640,636,182	1,023,229,430	27,469,355

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997

In fiscal year 1997, Medicaid funding per state resident was higher in Louisiana than in any of the other south-central states. Medicaid payments averaged \$537.00 per state resident, approximately 16% higher than the national average of \$461.00 per United States resident. This figure has declined, however, from its 1993 peak of \$670.00 per state resident.



Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997



As part of the cost-saving measures available through the Medicaid program, states are making increased use of enrollment of Medicaid beneficiaries in managed care programs. The following table shows the number of enrollees in Medicaid managed care programs from 1995 to 1997. These numbers include individuals enrolled in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards.

Number of Medicaid Managed Care Enrollees Louisiana, Neighboring States, and United States, 1995-1997						
State	1995		1996		1997	
	Number of Enrollees	Percent in Managed Care	Number of Enrollees	Percent in Managed Care	Number of Enrollees	Percent in Managed Care
Alabama	39,543	7.3%	56,929	11.4%	407,643	82.0%
Arkansas	137,070	38.8%	143,232	38.6%	159,458	80.9%
Louisiana	45,181	5.8%	44,772	5.6%	40,469	6.4%
Mississippi	30,947	6.0%	35,137	6.9%	81,255	15.0%
Texas	63,156	2.5%	75,776	3.8%	275,951	13.3%
United States	11,619,929	32.0%	13,330,119	40.1%	15,345,502	47.8%

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for FY 1997



E. MEDICARE

Medicare is the nation's largest health insurance program, covering over 38 million Americans at a cost of just under \$200 billion. Medicare provides health insurance to people who are at least 65 years old, the disabled, and those with permanent kidney failure. People who receive Social Security or Railroad Retirement benefits are automatically enrolled when they become eligible for Medicare. Others must apply at their local Social Security office.

Medicare has two parts: Hospital Insurance (Part A) and Medical Insurance (Part B). Medicare Part A helps pay for inpatient hospital services, skilled nursing facility services, home health services, and hospice care. Medicare Part B helps pay for doctor services, outpatient hospital services, medical equipment and supplies, and other health services and supplies.

Many Medicare beneficiaries choose to enroll in managed care plans like Health Maintenance Organizations. They can get both Part A and Part B benefits in most managed care plans.

As of March 1, 1998, Louisianans enrolled in the Medicare program numbered 592,543. This number constitutes 14% of the state's population, a percentage similar to that of surrounding states and the nation as a whole.

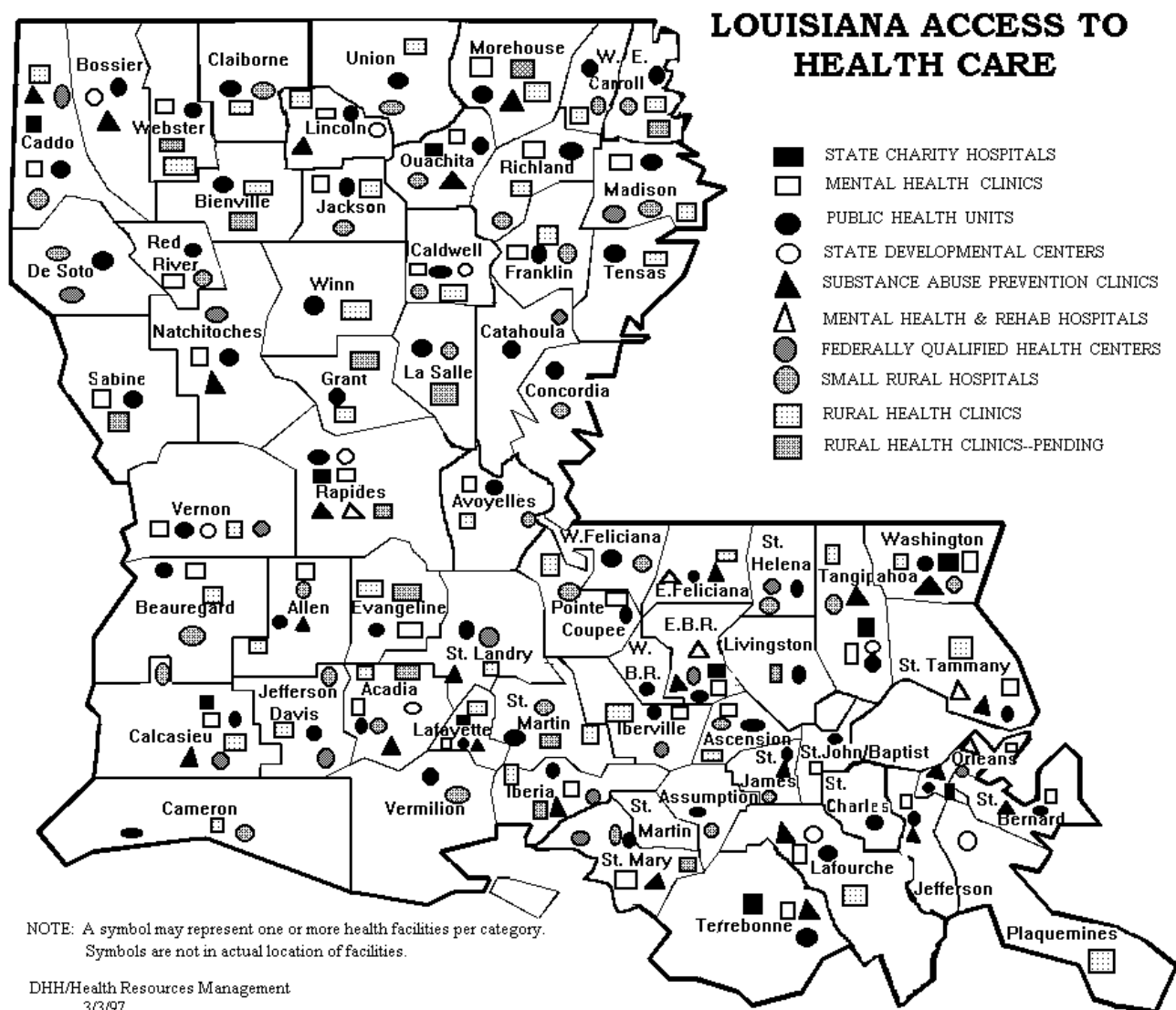
<i>Percent of State Population Enrolled in Medicare Louisiana, Neighboring States, and United States, 1997</i>	
<i>State</i>	<i>Percent Enrolled</i>
Alabama	15.3
Arkansas	17
Louisiana	13.6
Mississippi	14.9
Texas	11.2
United States	14.4

Source: U.S. Department of Health and Human Services, Health Care Financing Administration, HCFA-2082 Report for 1997



F. PROVIDER SITES

The following pages describe the various health care facilities available to the public throughout the state of Louisiana. As the map below displays, these facilities include the state Charity hospital system, small rural and community hospitals, public health clinics, rural health clinics, Federally Qualified Health Centers (FQHCs), developmental centers, mental health clinics, mental health and rehabilitation hospitals, and substance abuse prevention clinics. Other programs such as School-Based Health Centers, Community Care, and Health Maintenance Organizations (HMOs) are discussed.



**State Charity Hospitals**

The Louisiana Charity Hospital system currently is being operated by the LOUISIANA STATE UNIVERSITY MEDICAL CENTER. The first Charity Hospital (in New Orleans) was built in 1736. The system was expanded across the state during the administration of Governor Huey Long. Two new medical centers were added in 1978 and 1993, and two were rebuilt in the late 1970s.

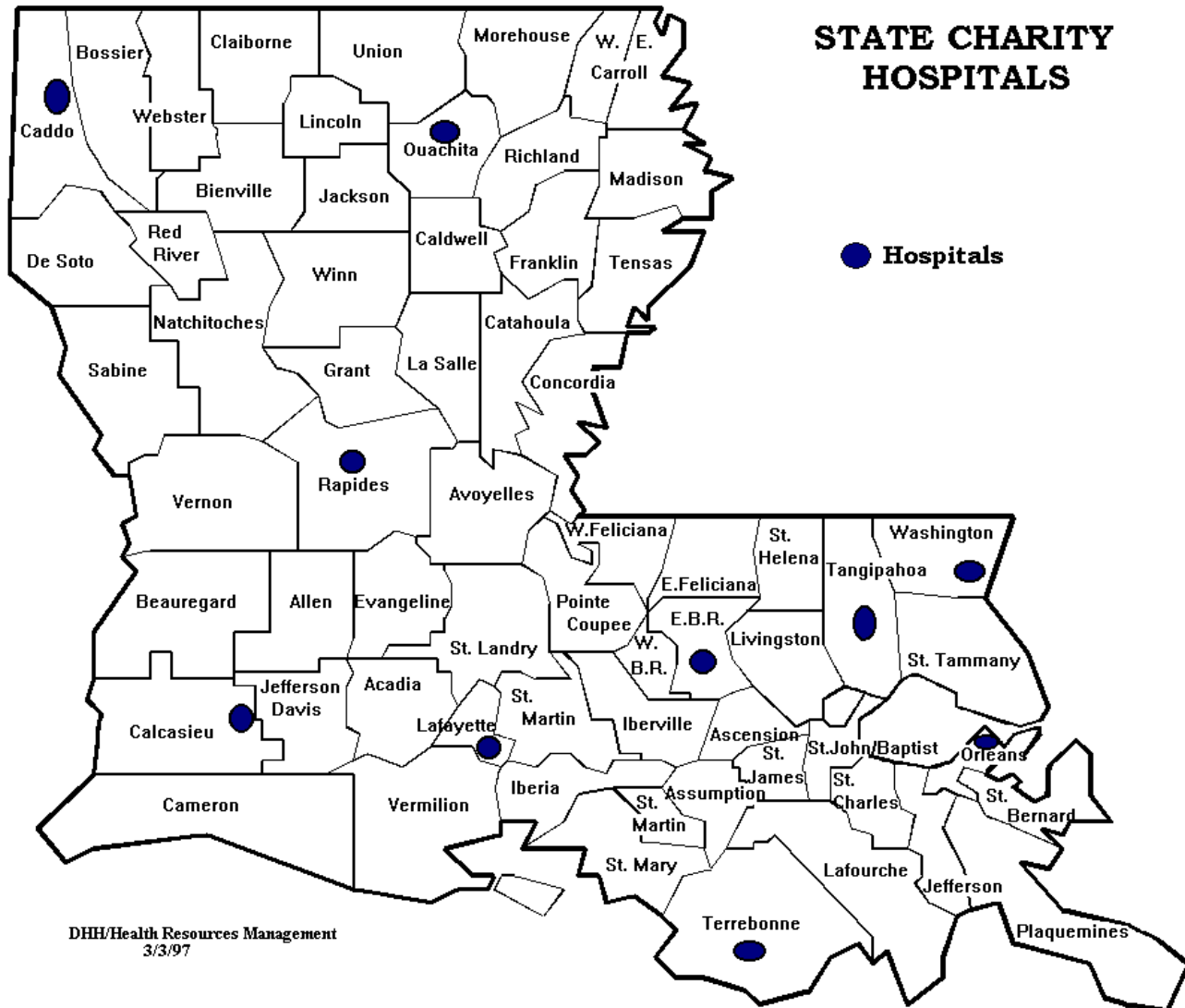
Today there are ten hospitals (see map on following page), with more than 2,000 beds in the Charity system, treating more than a million patients a year. Annually, these hospitals have nearly 97,000 admissions, 12,475 births, and more than 1,300,000 outpatient visits. The occupancy rate for the system is close to 80%.

Most of the Charity Hospitals are teaching hospitals used to train medical school, graduate, and postgraduate students from the Louisiana State University (LSU) Schools of Medicine and Nursing, as well as other professional educational institutions.

Small Rural and Community Hospitals

Louisiana has a number of very small rural and community hospitals, some publicly and some privately owned. Eight of the state's sixty-four parishes do not have a hospital. As part of the move toward managed care, some of the small rural hospitals and the Charity Hospitals have begun to formalize their long-standing links with the primary care clinics in their regions.

In its Rural Health Care Initiative, the state has appropriated money to support small rural hospitals suffering financial distress. This support has taken the form of grants provided to 34 small rural hospitals (less than 60 beds) for a variety of projects. For example, last year the state awarded grants to a number of these hospitals for the purchase of updated emergency room equipment and physician coverage for the emergency room. Without such support, some of these hospitals would have had to close their emergency rooms.

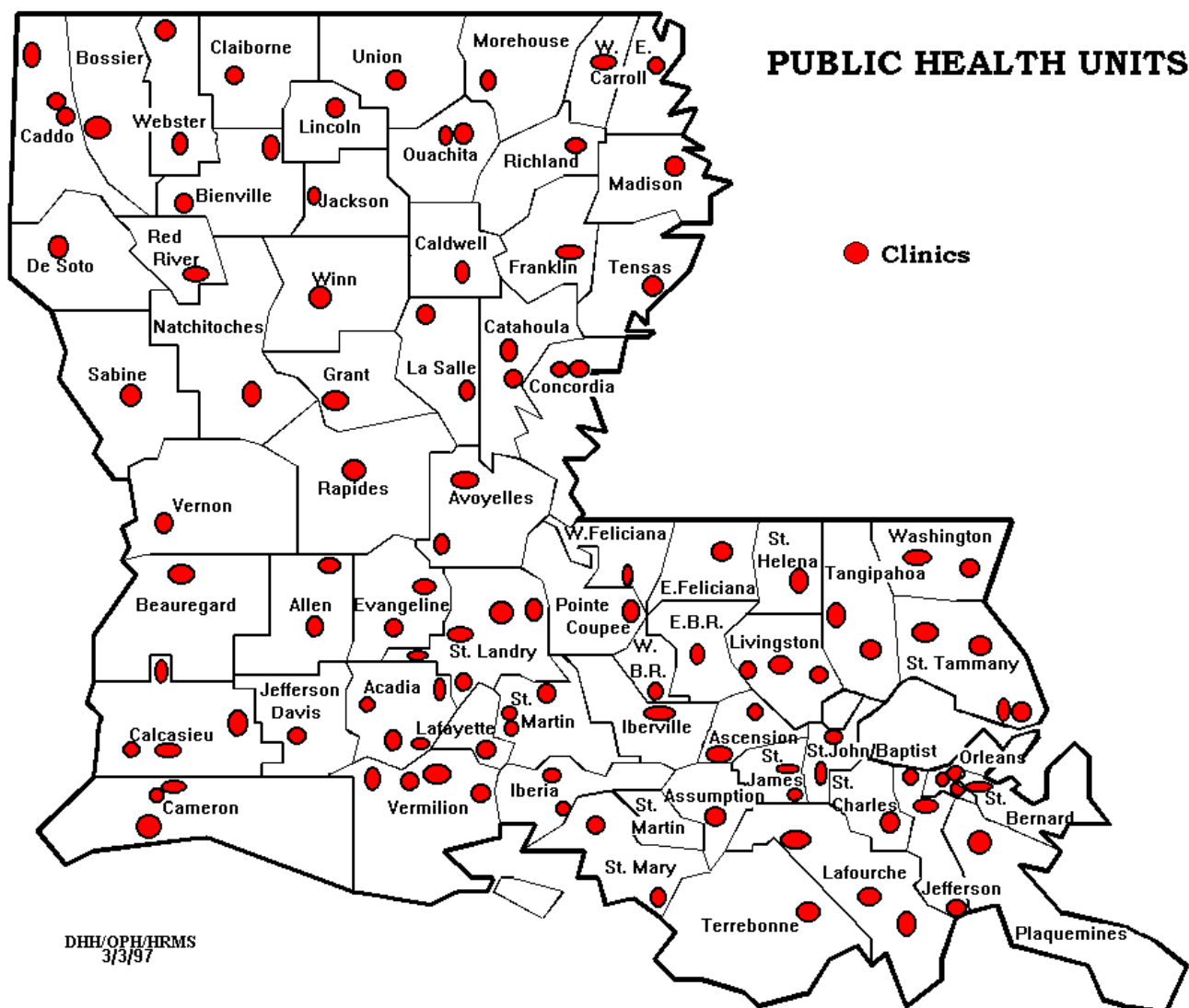




Public Health Clinics

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, currently operates 108 parish health units (see map below). These units provide services in the following areas: immunization, family planning, prenatal care, newborn screening for genetic disorders, well-baby care, nutrition therapy, individual nutrition counseling, genetic evaluation and counseling, early intervention services for individuals infected with HIV, health education, and testing and monitoring of infectious diseases (e.g., tuberculosis, sexually transmitted diseases/HIV/AIDS).

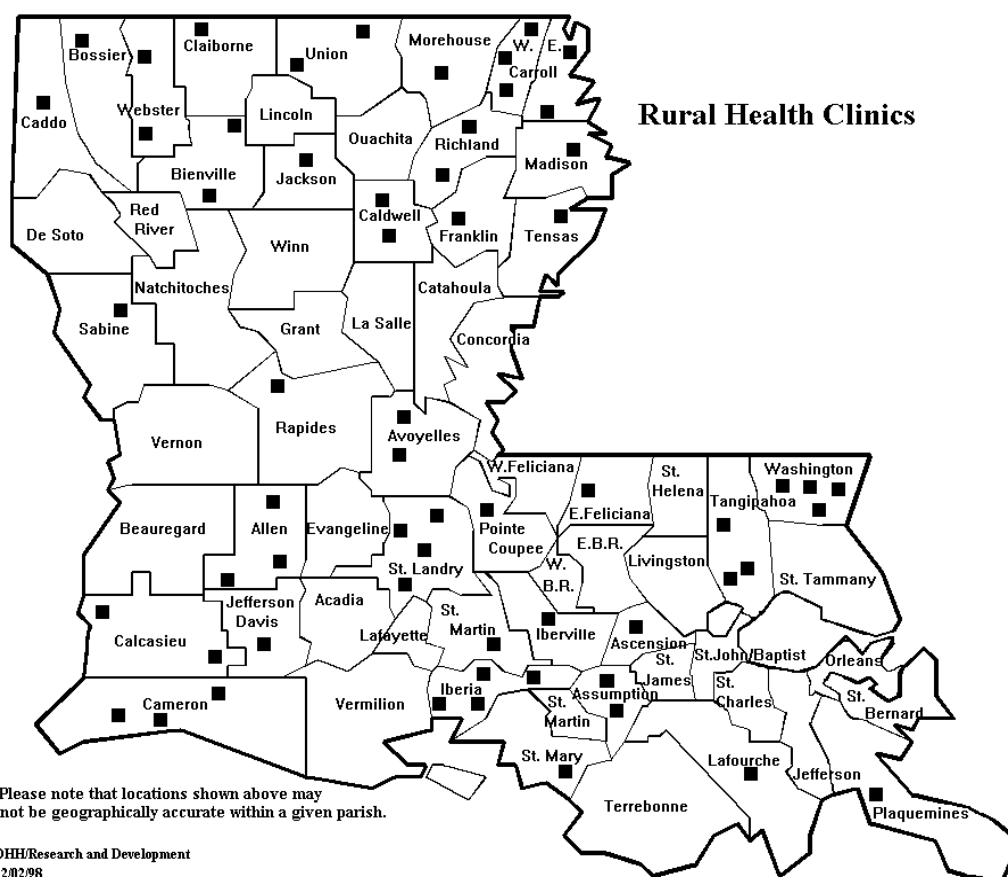
There are nine Children's Special Health Services Clinics, one Family Planning Clinic, five Sexually Transmitted Disease Clinics, and one Tuberculosis Clinic. In addition, sanitarians working out of the public health units perform inspections and monitoring of the environment as it relates to health risks.





Rural Health Clinics

Louisiana has 86 federally designated rural health clinics, and approximately ten applications currently are pending (see map below). These are clinics operating in a rural area designated as “medically underserved” or as a “Health Professional Shortage Area (HPSA).” Rural health clinics must be staffed by one or more physicians and one or more mid-level practitioners, such as physician assistants, nurse practitioners, or certified nurse midwives. Clinics must provide routine diagnostic services, maintain medical supplies, dispense drugs, and have arrangements with local hospitals and other providers for services not available at the clinic.





Community Care

Community Care is a system of comprehensive health care based on primary care case management (PCCM). Operating in twenty parishes (see map on following page) under a Medicaid 1915(b) waiver from the federal government, the program is designed to meet the needs of the rural population. It is a freedom of choice waiver program that must demonstrate cost effectiveness. The program links Medicaid recipients in designated parishes with a physician, clinic, Federally Qualified Health Center (FQHC), or rural health clinic that serves as the primary care physician (PCP).

The PCP may be a family practice doctor, internist, pediatrician, rural health clinic, or federally qualified health center. The PCP has total responsibility for managing all facets of the recipient's health care, including education, prevention, maintenance, and acute care. Referral for specialty services is an integral component of Community Care.

The program is operational in twenty rural parishes in Louisiana, with a total of 40,685 enrolled recipients. There are 143 enrolled providers, some of which consist of more than one physician. PCPs are paid a primary care management fee of \$3.00 each month for each Community Care recipient for whom they manage care, in addition to the normal fee-for-service reimbursement from Medicaid for services rendered. Without prior authorization or post-emergency authorization from the PCP, Medicaid will not reimburse for services beyond the PCP.

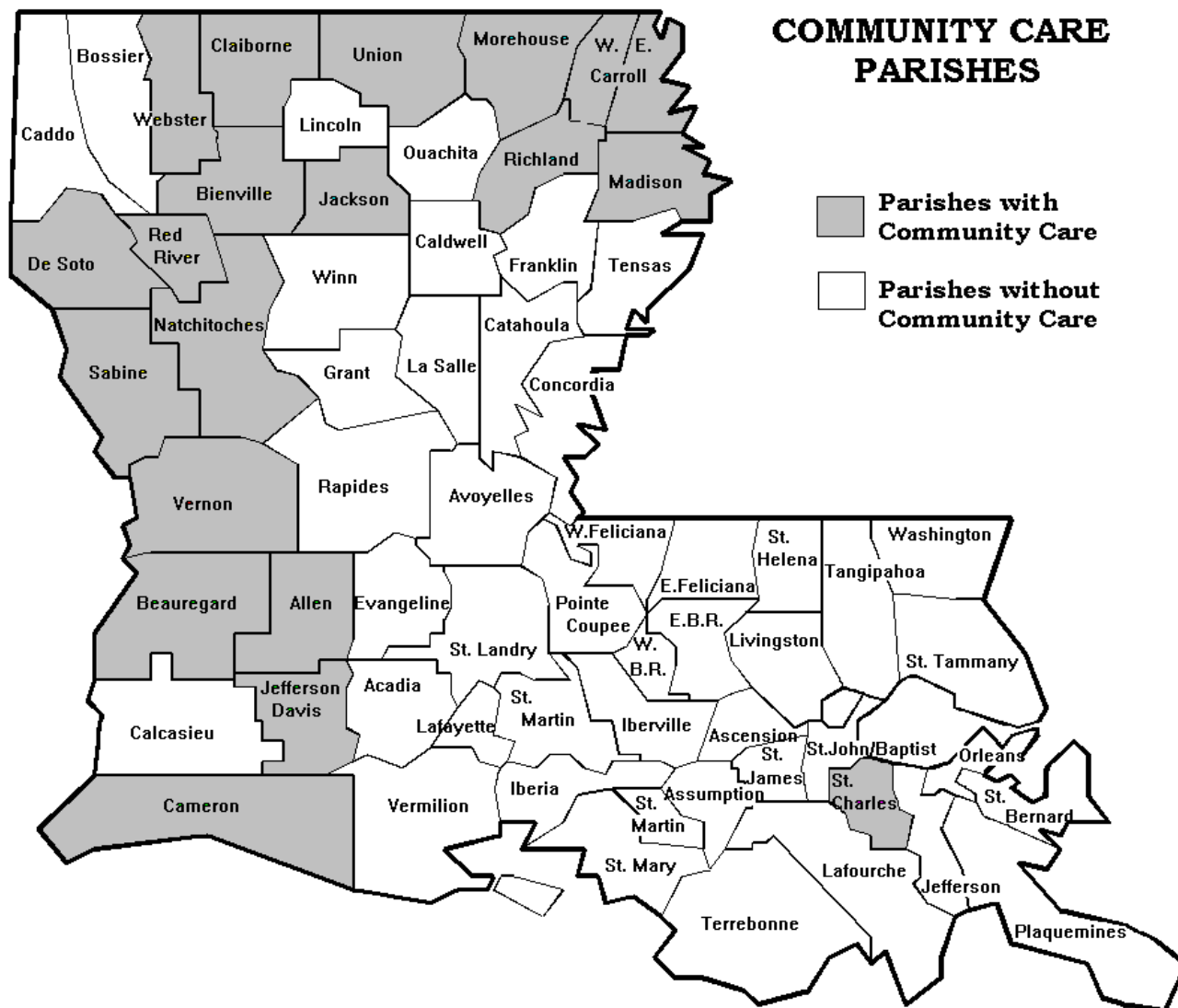
Federally Qualified Health Centers (FQHC)

Louisiana has twelve grantees for community health centers delivering service to twenty-two sites that are federally-supported through grants from the U.S. Public Health Service.

An FQHC (also known as a Community Health Center) is a freestanding health clinic that provides comprehensive preventive and primary care services. In addition to primary care physicians and support staff, FQHC staff may include advanced nurse practitioners, physician assistants, and dentists. Centers may also have social workers or counselors, and there is a growing trend to include psychologists and other mental health and substance abuse services. Services most commonly provided at these centers include preventive health services, well-child services, acute care, perinatal care, family planning, diagnostic laboratory and radiological services, emergency medical services, transportation services, preventive and restorative dental services, and pharmaceutical services.

Several of the FQHCs have formed innovative clinic-based health care networks of both publicly and privately owned entities. The clinic itself offers comprehensive primary care services through private physicians and other providers on a contractual basis. The FQHC shares staff with the OFFICE OF PUBLIC HEALTH'S parish health units and receives referrals from them. The staff at the clinics have formal admitting privileges with private hospitals in the network and informal admitting privileges at some of the Charity Hospitals in their respective areas. The FQHCs also refer patients to the hospital for sub-specialty clinic or inpatient services.

Major health professional education institutions have formal relationships with some of the FQHCs. The relationship involves staffing residents and interns at the clinic for training purposes. Clinic training also is provided to students of a local nursing school and LPN school and to high school students to encourage them to enter health care professions.

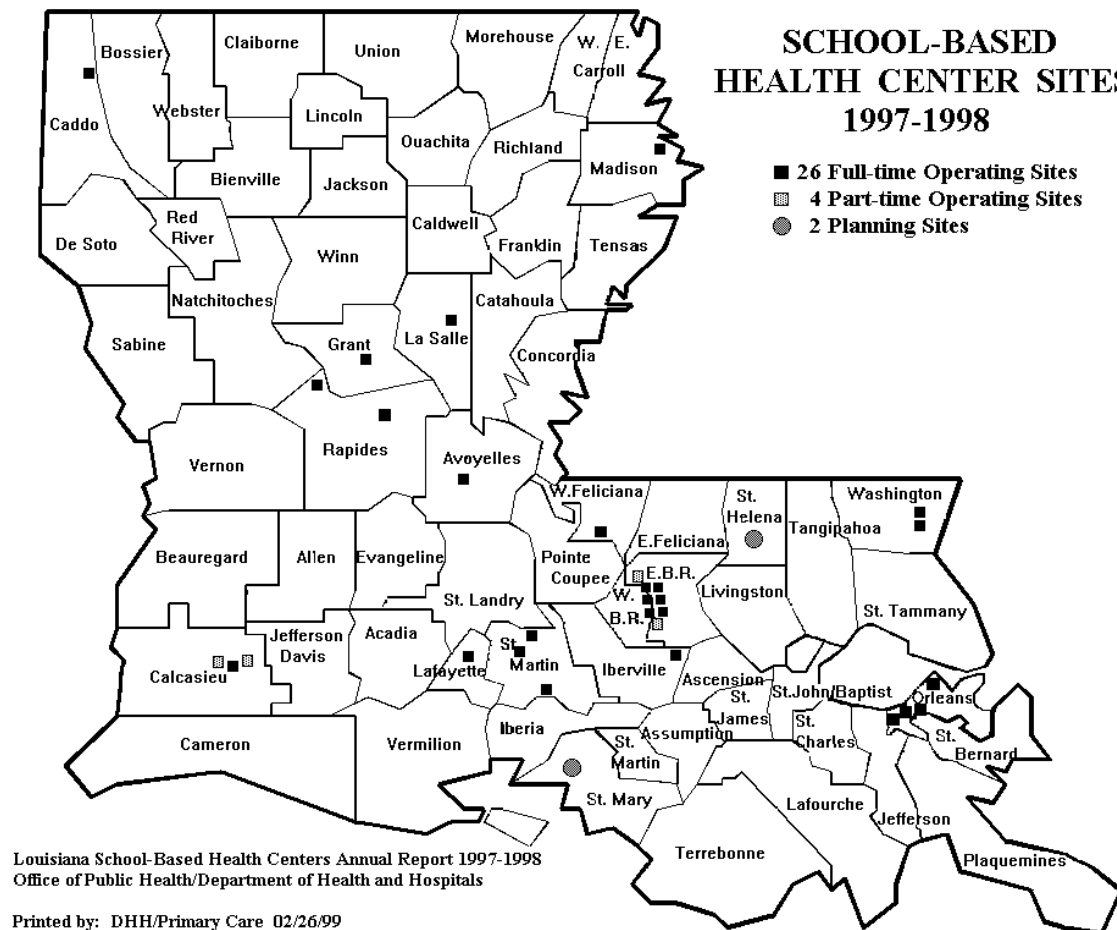


Source: Health Resources Management

**School-Based Health Centers**

In response to the Adolescent School Health Initiative authorized by the Louisiana State Legislature in 1991, the DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH has funded and provides technical assistance to localities for the establishment and operation of full-service health centers in middle and secondary schools (see map on following page). Currently there are 26 full time sites, 4 part time sites, and 2 planning sites. These programs are operated at the local level by a health or education sponsoring agency under contract with the OFFICE OF PUBLIC HEALTH. The state will continue to pay these centers a portion of their cost.

The centers primarily serve low-income adolescents in rural and medically underserved urban areas. The centers offer primary and preventive physical and mental health care, including health education and counseling services. Each center is staffed at a minimum by a part-time physician, a full-time nurse practitioner or registered nurse with adolescent experience, and a master's level mental health counselor. These centers have been immensely popular with the high-risk adolescent population.



Tallulah (Madison Parish)
Reuben McCall High

Shreveport (Caddo Parish)
Linwood Middle

Dry Prong (Grant Parish)
Dry Prong Middle

Jena (La Salle Parish)
Jena Jr. High

Lena (Rapides Parish)
Northwood K-12

Mansura (Avoyelles Parish)
Mansura Middle

Bogalusa (Washington Parish)
Bogalusa High
Bogalusa Jr. High

Baton Rouge (E Baton Rouge Parish)
Istrouma High
Glen Oaks Middle
Prescott Middle
Westdale Middle
Capitol High
Northeast High & Elementary
Glen Oaks High

St. Martin Parish
Cecilia Schools PreK-12
Breux Bridge Schools PreK-12
St. Martinville Schools PreK-12

Lafayette (Lafayette Parish)
Northside High School

St. Francisville (W Feliciana Parish)
Family Service Center

St. Gabriel (Iberville Parish)
E. Iberville K-12

New Orleans (Orleans Parish)
Lawless Jr. & Sr.
Carver Jr. & Sr.
B.T. Washington
John McDonogh Sr.

Lake Charles (Calcasieu Parish)
Washington-Marion Magnet High
Molo Middle
Clifton Elementary

Planning Sites

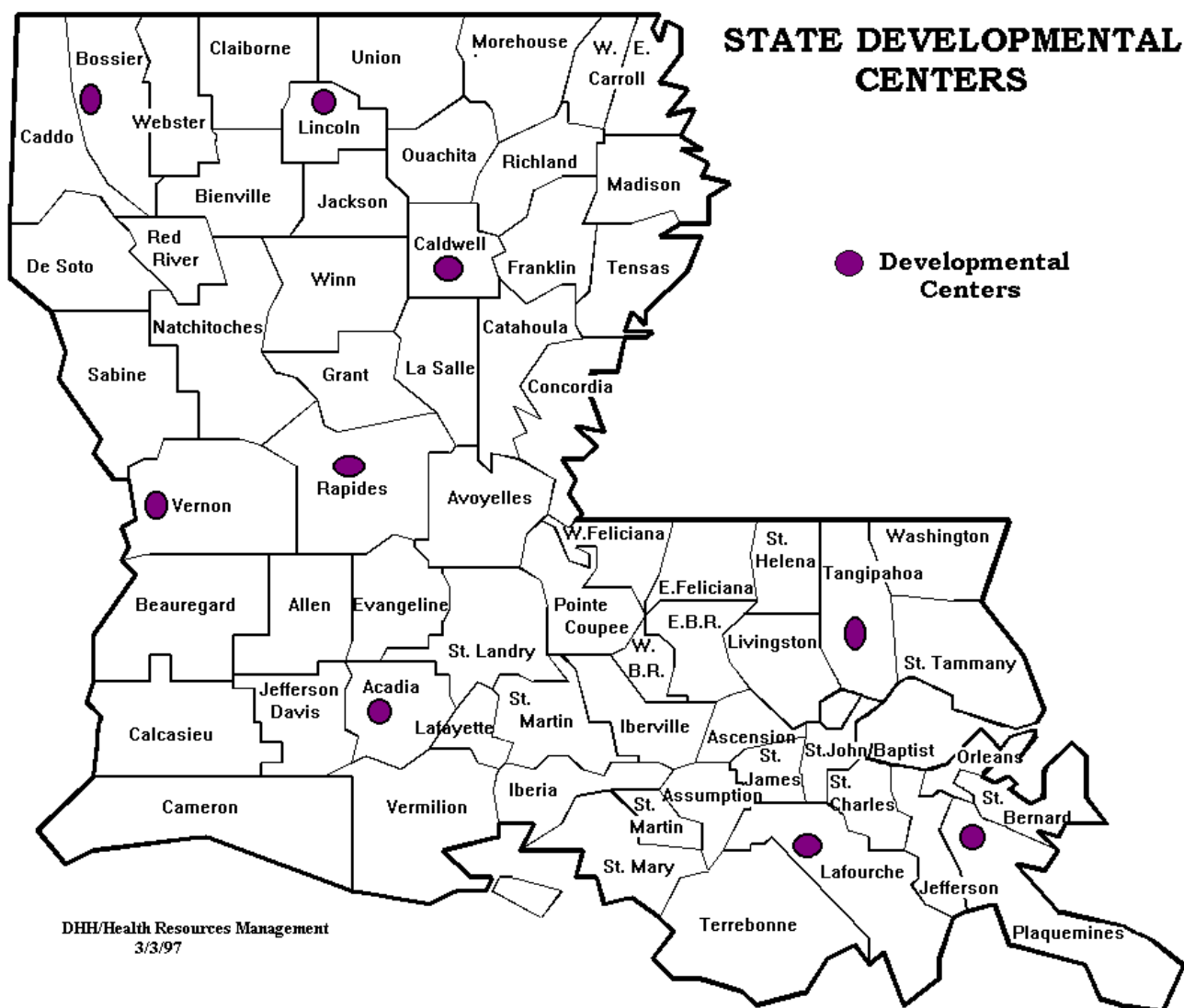
Greensburg (St. Helena Parish)
Central Middle and High

Franklin (St. Mary Parish)
Unnamed Site



Developmental Centers

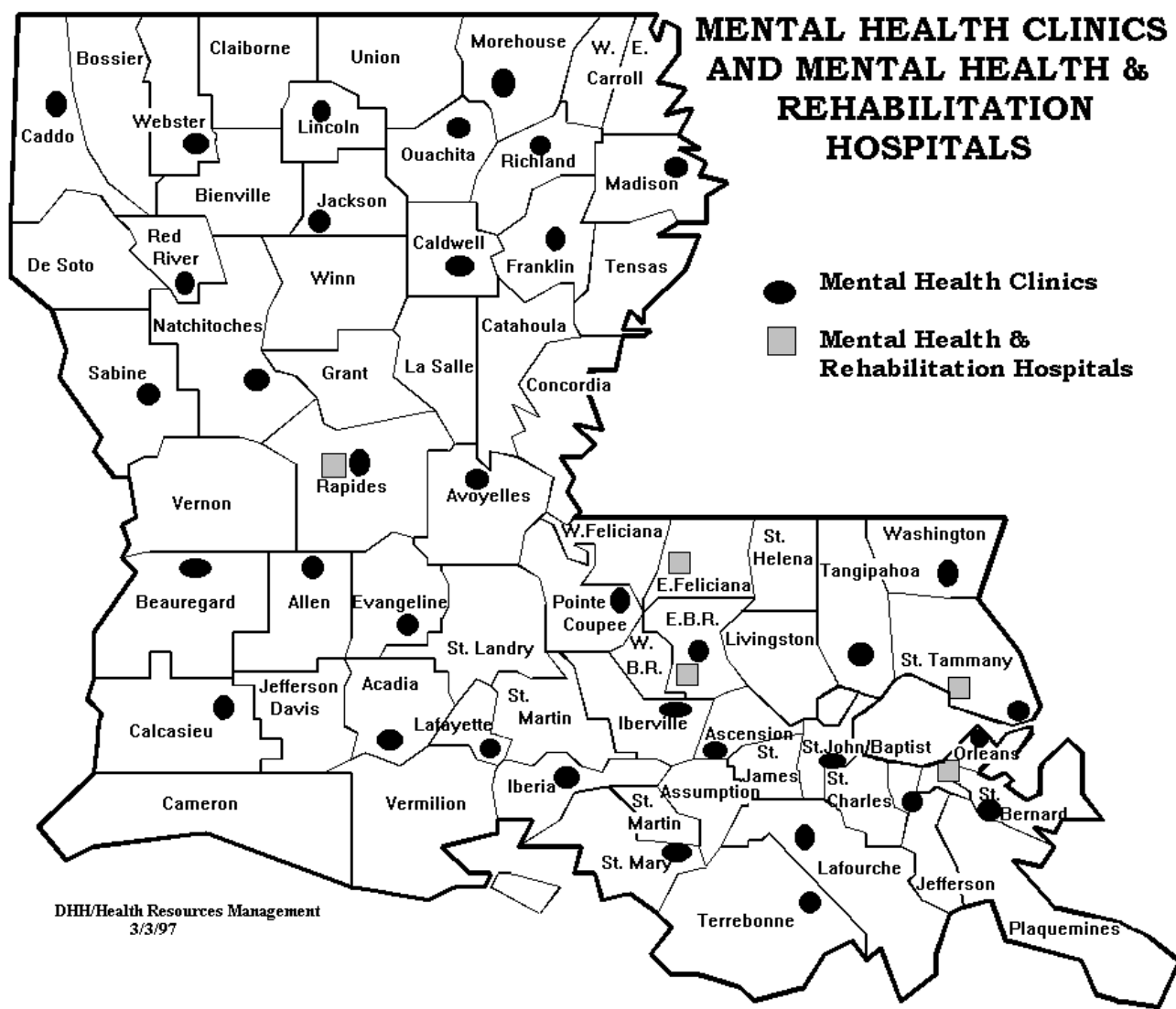
Services and supports for individuals with mental retardation and developmental disabilities are provided by private provider agencies through contractual agreements, as well as through Louisiana's nine Developmental Centers which provide 24-hour care and active treatment (see map below). The broad range of services provided includes case management, diagnosis and evaluation, early intervention/infant habilitation, respite, family support, vocational and habilitative services, and residential services (community homes, supervised apartments, supportive living).





Mental Health Clinics

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF MENTAL HEALTH, either directly or through partnerships with private and university resources, provides an array of community-based and hospital-based services, the range of which is consistent with national models for public mental health care for individuals with serious mental illnesses. Statewide there currently are 43 community mental health centers, 33 outreach sites, seven acute treatment units, five Intermediate/Long-term Care Hospitals and one forensic hospital (see map below). Major service components include crisis response programs, assertive community treatment, family or consumer respite care, traditional clinic-based services, community forensic interventions, hospital-based inpatient intensive and intermediate units, case management, and rehabilitative services.



**Substance Abuse Prevention Clinics**

LOUISIANA'S DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF ALCOHOL AND DRUG ABUSE, through contracts or through an array of community-based and residential programs, provides services and continuity of care for the prevention, diagnosis, treatment, rehabilitation, and follow-up care of alcohol and other drug abuse diseases (see map on following page). This system is composed of nine treatment delivery regions, 27 outpatient clinics, 23 satellite clinics, four detoxification centers, eight residential facilities, and one pre-release program for adult incarcerated substance abusers.

Existing Health Maintenance Organizations

Louisiana currently has 26 licensed health maintenance organizations operating in the state. Under state insurance law, an HMO is defined as any plan delivering basic health benefits for a prepaid fee. Most of the state's HMOs are composed of independent physicians practicing alone or in small medical groups. According to *Health Care State Rankings 1998*⁷, as of 1997, approximately 640,530 (15%) Louisianans were enrolled in health maintenance organizations.

In addition to HMOs, the LOUISIANA MANAGED HEALTH CARE ASSOCIATION lists as members preferred provider organizations (PPOs) and several physician hospital networks (PHOs) operating in the State.

⁷Morgan, K.O. and Morgan, S. (Eds.) 1998. *Health Care State Rankings 1998: Health Care in the 50 United States*. (6th Ed.) Lawrence, KS: Morgan Quitno Press.





G. INVENTORY OF PROVIDERS

Number of Primary Care Physicians by Parish Louisiana, 1998							
Parish	Family Practice	General Practice	Infectious Disease	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Total
Acadia	13	5	0	6	3	3	30
Allen	5	1	0	4	0	3	13
Ascension	8	4	0	4	0	4	20
Assumption	5	2	0	1	0	0	8
Avoyelles	7	7	0	3	0	0	17
Beauregard	9	0	0	4	3	2	18
Bienville	1	1	0	1	0	0	3
Bossier	22	3	0	36	9	12	82
Caddo	66	8	2	232	56	75	439
Calcasieu	47	8	0	64	28	25	172
Caldwell	1	0	0	0	0	0	1
Cameron	1	1	0	2	0	1	5
Catahoula	8	2	0	0	0	1	11
Claiborne	3	1	0	3	0	0	7
Concordia	4	4	0	4	2	0	14
DeSoto	1	3	0	1	1	0	6
East Baton Rouge	85	52	1	214	82	95	529
East Carroll	2	1	0	1	0	1	5
East Feliciana	5	9	0	0	0	0	14
Evangeline	4	8	0	8	3	3	26
Franklin	3	0	0	1	0	1	5
Grant	2	1	0	0	1	0	4
Iberia	15	10	0	12	7	10	54
Iberville	7	3	0	6	2	3	21
Jackson	1	0	0	5	0	1	7
Jefferson	55	29	5	382	104	136	711
Jefferson Davis	4	5	0	7	3	2	21
Lafayette	37	21	0	93	40	35	226
Lafourche	2	2	0	3	0	0	7
LaSalle	22	8	0	24	11	4	69
Lincoln	6	3	0	9	3	4	25
Livingston	7	1	0	1	1	1	11
Madison	0	2	0	1	0	1	4
Morehouse	7	5	0	4	3	2	21
Natchitoches	7	3	0	8	3	5	26
Orleans	65	32	2	426	113	195	833
Ouachita	37	17	1	73	17	25	170
Plaquemines	1	2	0	2	1	0	6
Pointe Coupee	8	3	0	2	1	0	14
Rapides	33	5	0	72	16	28	154
Red River	2	1	0	0	0	0	3
Richland	6	2	0	3	1	0	12
Sabine	4	2	0	4	0	1	11
St. Bernard	5	1	0	5	3	2	16
St. Charles	11	3	0	7	6	3	30
St. Helena	1	3	0	15	1	5	25
St. James	4	1	0	4	1	4	14
St. John	1	2	0	2	1	0	6



Number of Primary Care Physicians by Parish Louisiana, 1998							
Parish	Family Practice	General Practice	Infectious Disease	Internal Medicine	Obstetrics & Gynecology	Pediatrics	Total
St. Landry	6	2	0	0	1	1	10
St. Martin	21	9	0	18	10	12	70
St. Mary	3	3	0	1	0	1	8
St. Tammany	33	10	1	107	34	52	237
Tangipahoa	19	6	0	16	9	10	60
Tensas	0	2	0	0	0	0	2
Terrebonne	7	7	0	33	11	15	73
Union	2	3	0	6	0	1	12
Vermilion	2	3	0	11	0	1	17
Vernon	6	6	0	6	3	4	25
Washington	10	6	0	12	3	3	34
Webster	2	0	0	1	0	0	3
West Baton Rouge	1	1	0	4	0	1	7
West Carroll	11	4	0	4	3	2	24
West Feliciana	2	1	0	1	0	0	4
Winn	2	3	0	2	0	1	8
Total	777	353	12	1981	600	797	4520

Source: Louisiana Board of Medical Examiners, January 1999

Selected Mental Health Professionals by Parish Louisiana, 1998		
Parish	Psychiatrists	Social Workers*
Acadia	1	6
Allen	0	4
Ascension	1	9
Assumption	0	1
Avoyelles	0	9
Beauregard	1	3
Bienville	0	2
Bossier	5	23
Caddo	44	152
Calcasieu	13	81
Caldwell	0	3
Cameron	1	0
Catahoula	0	0
Claiborne	0	1
Concordia	0	4
DeSoto	1	4
East Baton Rouge	47	520
East Carroll	0	1
East Feliciana	5	7
Evangeline	0	3
Franklin	0	1
Grant	0	4
Iberia	1	13
Iberville	1	8
Jackson	0	2
Jefferson	80	326

*Licensed and residing in Louisiana. Social workers are not required to have a license to work in Louisiana through contract or in private practice.



<i>Selected Mental Health Professionals by Parish Louisiana, 1998</i>		
<i>Parish</i>	<i>Psychiatrists</i>	<i>Social Workers*</i>
Jefferson Davis	2	5
Lafayette	20	151
Lafourche	1	26
LaSalle	0	1
Lincoln	0	15
Livingston	0	5
Madison	0	2
Morehouse	0	1
Natchitoches	2	14
Orleans	182	736
Ouachita	17	87
Plaquemines	1	2
Pointe Coupee	0	7
Rapides	24	92
Red River	0	2
Richland	0	3
Sabine	0	0
St. Bernard	0	15
St. Charles	3	16
St. Helena	0	1
St. James	1	4
St. John	0	9
St. Landry	2	18
St. Martin	0	4
St. Mary	0	7
St. Tammany	35	125
Tangipahoa	2	100
Tensas	0	0
Terrebonne	8	4
Union	0	10
Vermilion	1	11
Vernon	2	5
Washington	1	10
Webster	0	8
West Baton Rouge	0	2
West Carroll	0	0
West Feliciana	1	11
Winn	0	3
Total	506	2699

*Licensed and residing in Louisiana. Social workers are not required to have a license to work in Louisiana through contract or in private practice, 1997 data.

Sources: Louisiana Board of Medical Examiners, January 1999

Louisiana Board of Certified Social Work Examiners, 1996-1997



H. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)

Health Professional Shortage Areas (HPSA) designations identify areas, populations or facilities where lack of providers pose serious barriers to adequate health care. The equitable geographic distribution of health care resources has long been recognized as a problem in the United States, and particularly in the state of Louisiana. Adequate access to health services for all citizens is an important objective of current state and federal policy. Availability of an adequate supply and distribution of health professionals is essential to the ability to access basic health care services, regardless of ability to pay. The redistribution of the supply of health professionals, particularly primary care providers, through the designation of health professional shortage areas (HPSAs) is one method used to attain this goal.

HPSA designations are used to create incentives to improve the distribution and the number of primary care providers in the most critical shortage area. The HPSA designation methodology was developed to determine exactly where shortages exist, in order to define those areas eligible for participation in the incentive programs. There are approximately 40 federal programs utilizing HPSA designations, some of which are listed below.

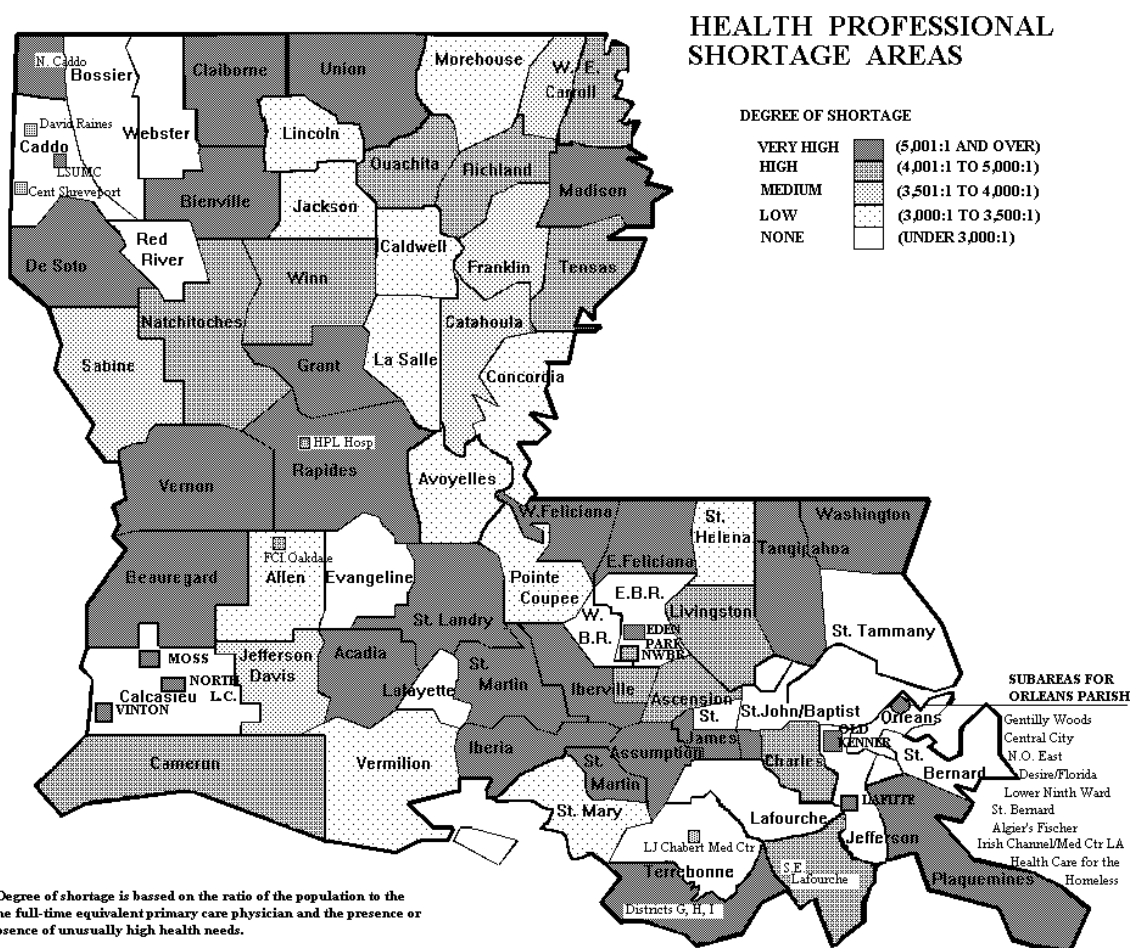
Designation requests and reviews are the responsibility of the DHH, OPH, HEALTH RESOURCE MANAGEMENT staff. After review and analysis, the designation studies and recommendations are forwarded to the DIVISION OF SHORTAGE DESIGNATION in the FEDERAL BUREAU OF PRIMARY HEALTH CARE for determination. Designations of Medically Underserved Areas (MUA) or Medically Underserved Populations (MUP) also provide opportunities for improved distribution of health care resources and improved access. The designation process is similar to the HPSA process described previously.

The following are examples of federal programs utilizing HPSA designations:

- Department of Family Medicine
- Grants to Predoctoral Training in Family Medicine
- Grants for Residency Training in General Internal Medicine/General Pediatrics
- Grants for Physician Assistant Training Program
- Grants for Preventive Medicine Training
- Nurse Practitioner and Nurse-Midwifery Programs
- Nurse Anesthetist Traineeships
- J-1 Visa Waiver Program
- Community and Migrant Health Program
- Grants for Graduate Training in Family Medicine
- Grants for Predoctoral Training in General Internal Medicine/General Pediatrics
- Rural Health Programs
- State Health Programs
- Allied Health Traineeships
- Allied Health Project Grants
- Professional Nurse Traineeships
- Grants for Nurse Anesthetist Faculty Fellowships
- 10% Medicare Bonus Program National Health Service Corps
- Grants for Faculty Development in Family Medicine
- Grants for Faculty Development in General Medicine/General Pediatrics



- Grants for Physician Assistant Faculty Development
- Podiatric Primary Care Residency Training
- Advanced Nurse Education
- Nurse Anesthetist Education Program
- Residency Training and Advanced Education in the General Practice of Dentistry



*Degree of shortage is based on the ratio of the population to the one full-time equivalent primary care physician and the presence or absence of unusually high health needs.

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